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<b>Attention:</b>	Group Art Unit: 1745	<b>From:</b>	Travis Dodd
<b>Fax:</b>	671-273-8300	<b>Fax:</b>	818-833-2065
<b>Phone:</b>		<b>Phone:</b>	818-833-2014
<b>Company:</b>	U.S. Patent and Trademark Office	<b>Company:</b>	Quallion LLC
		<b>Pages:</b>	Total of (19) Pages
<b>Re:</b>	Application Serial No.: 10/666,790 Title: ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE Filed: September 17, 2003 Examiner: Cynthia Lee Group Art Unit: 1745 Attorney Docket No.: Q137-US8	<b>Date:</b>	March 19, 2008

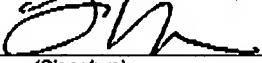
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Amendment Transmittal Letter (2 pages)  
 Fee Transmittal (in duplicate) (2 pages)  
 Amendment (10 pages)  
 Information Disclosure Statement (2 pages), PTO Form 1449 (1 page)  
 Form PTO-2038 Credit Card Authorization (1 page)

Lisa K. Robbins  
 (Name of Person Signing Certificate)  
  
 (Signature)

Quallion LLC

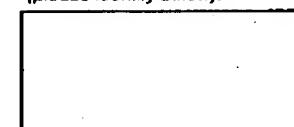
PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/19 \* RCVD AT 3/19/2008 7:53:03 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/8 \* DNIS:2738300 \* CSID:3188332065 \* DURATION (mm:ss):02:20

MAR 19 2008

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/666,790
		Filing Date	September 17, 2003
		First Named Inventor	Tsukamoto, Hisashi et al.
		Group Art Unit	1745
		Examiner Name	Cynthia Lee
Total Number of Pages in This Submission		Attorney Docket Number	Q137-US8

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____ Remarks _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> 

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 3/19/2008

By:   
 Travis Dodd  
 Attorneys for Applicant(s)  
 P.O. Box 923127  
 Sylmar, CA 91382-3127

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Signature		Date

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		Q137-US8	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized  <input checked="" type="checkbox"/> Amendment  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application)  Drawing(s)  Licensing-related Papers  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD. Number of CD(s) _____	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

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Attorneys for Applicant(s)  
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**FEE TRANSMITTAL**

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<b>Attorney Docket No.</b>	Q137-US8
<b>First Named Inventor:</b>	TSUKAMOTO, Hisashi et al.
<b>Application Number</b>	10/666,790
<b>Filing Date:</b>	September 17, 2003
<b>Examiner Name:</b>	1745
<b>Group/Art Unit:</b>	Cynthia Lcc

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 180.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  X Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card

**2. UTILITY Basic Filing Fee & Claims**

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	24 - 24 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	1 - 3 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$0.00
Reissue filing fee	\$310.00	\$155.00	\$0.00
Provisional filing fee	\$210.00	\$105.00	\$0.00
Total of above Calculations =			\$0.00

**3. ADDITIONAL FEES**

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/19/2008

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**FEES TRANSMITTAL**

<b>Attorney Docket No.</b>	Q137-US8
<b>First Named Inventor:</b>	TSUKAMOTO, Hisashi et al.
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<b>Examiner Name:</b>	1745
<b>Group/Art Unit:</b>	Cynthia Lee

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 180.00</b>
<b>METHOD OF PAYMENT (check One)</b>	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921            Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order  <input checked="" type="checkbox"/> Other - Credit Card</p>	

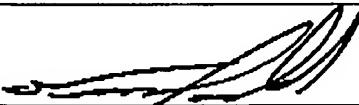
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Information Disclosure Statement	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$180.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/19/2008